

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

Dr. Nichols
Mont. County Det. Facility
P.O. Box 4599
Montgomery, AL 36197

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent
☒ Addressee
B. Receiver (Printed Name) C. Date of Delivery
H. Brown
Delivery address different from item 1? ☐ Yes
YES, enter delivery address below: ☐ No

D. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

any? (Extra Fee) ☐ Yes

2. Article Number
(Transit)

7005 1820 0002 3461 0133

Domestic Return Receipt

102595-02-M-1540

2011 February 2004